

S.T.O. AUTO PARTS INC.
7342 JAMES STREET
PHILADELPHIA PA. 19136
TEL:215-708-2750 FAX:215-708-2756
BBSTOBOSS@AOL.COM
CREDIT CARD AUTHORIZATION

I, _____ DO HEREBY AUTHORIZE S.T.O. AUTO PARTS INC. TO PROCESS MY CREDIT CARD FOR THE FOLLOWING AMOUNTS;

\$ _____ FOR PARTS ORDER _____

\$ _____ SHIPPING FEES (NON-REFUNDABLE) INITIALS ____ ____

I WILL BE PAYING WITH:
CREDIT CAR TYPE (MASTERCARD, VISA, DISCOVER, AMEX) _____

CREDIT CARD# _____

3
- DIGIT SECURITY CODE # _____

EXP. DATE: _____

NAME ON CREDIT CARD _____

COMPANY NAME ON CREDIT CARD _____

BILLING ADDRESS FOR CARD : _____

CITY: _____ STATE: _____ ZIP _____

CONTACT PHONE NUMBERS:

HOME _____

WORK: _____

CELL: _____

VEHICLE INFO: YEAR: _____ MAKE: _____

MODEL: _____ 2DR,4DR,S/W,FWD,RWD,2WD,4WD,AWD,

VIN# _____

WARRANTY: 30-DAYS, 60 DAYS, 90 DAYS, 1YR, 2 YR, 3 YR, ASK FOR QUOTE?

SIGNATURE x _____ DATE __/__/____

Billing and shipping address must match credit card used for purchase. Pennsylvania residents must pay applicable sale tax (7%). Returned parts are subject to a restocking fee of 25%. Thank you !

Retail customers must attach a copy of a US / State photo ID for proof of identity. No exceptions!